

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MT	660548	1/24/10
O.I.P.E. CLASSIFIER	Hand	45	5/5
FORMALITY REVIEW	KRC	5616-3	2-25-10
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral) Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date	Claim	Date	Claim	Date
Final		Original		Final	
1	2/26/03	1	7/3/03	51	
1	✓	1	=✓	52	
2	✓	2	=✓	53	
3	✓	3	=✓	54	
4	0 0	4	4/6/04	55	
4	5 0 0	5	= 0	56	
5	6	6	✓ = ✓	57	
6	7	7	✓ = ✓	58	
7	8	8	✓ = ✓	59	
8	9	9	✓ = ✓	60	
9	10	10	✓ = ✓	61	
10	11	11	0 0	62	
10	12	12	0 0 = 0	63	
11	13	13	✓ = ✓	64	
12	14	14	✓ = ✓	65	
12	15	15	✓ = ✓	66	
14	16	16	✓ = ✓	67	
15	17	17	✓ = ✓	68	
16	18	18	✓ = ✓	69	
17	19	19	0 0	70	
17	20	20	0 0 = 0	71	
18	21	21	✓ = ✓	72	
19	22	22	✓ = ✓	73	
20	23	23	✓ = ✓	74	
21	24	24	✓ = ✓	75	
21	25	25	✓ = ✓	76	
22	26	26		77	
23	27	27		78	
24	28	28		79	
25	29	29		80	
26	30	30		81	
27	31	31		82	
28	32	32		83	
29	33	33		84	
30	34	34		85	
31	35	35		86	
32	36	36		87	
33	37	37		88	
34	38	38		89	
35	39	39		90	
36	40	40		91	
37	41	41		92	
38	42	42		93	
39	43	43		94	
40	44	44		95	
41	45	45		96	
42	46	46		97	
43	47	47		98	
44	48	48		99	
45	49	49		100	

Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)